Multiple exclusion homelessness in the UK: ex-service personnel

Multiple Exclusion Homelessness in the UK:

Ex-Service Personnel

Briefing Paper No. 3

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Summary

This Briefing Paper examines the characteristics and experiences of ex-service personnel affected by 'multiple exclusion homelessness' (MEH) – a form of 'deep' exclusion involving not just homelessness but also substance misuse, institutional care (e.g. prison) and/or involvement in 'street culture' activities (e.g. begging). It draws upon a quantitative survey conducted amongst the users of 'low threshold' services in seven UK cities.

Key points:

- A total of 14% of people experiencing MEH had served in the Armed Forces (including non-UK Forces). Nearly one third (31%) of these individuals were migrants who had moved to the UK as an adult. In all, 26% of migrants, and 11% of non-migrants, affected by MEH were ex-service personnel.
- Ex-service personnel reported similar levels of experience of homelessness, substance misuse, institutional care, and street culture activities to that of other members of the MEH population.
- However, they were more likely than other MEH service users to have experienced specific adverse life events (notably redundancy), and less likely to report some experiences of extreme distress (particularly deliberate self-harm, suicide attempts and having been a victim of violent crime).
- In common with other members of the MEH population, many ex-service personnel had experienced difficult childhoods associated with school and/or family problems, and some also reported childhood abuse, neglect and/or homelessness.
- The over-representation of ex-service personnel in the MEH population – whose experiences represent the extreme margins of homelessness and other forms of severe and multiple disadvantage – poses a continuing challenge for mainstream and specialist agencies seeking to meet the needs of this highly vulnerable group.

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Introduction

Homeless ex-service personnel (ESP) continue to be a group of significant policy interest within and beyond the UK. Existing research notes that the extent to which homelessness is (causally) related to prior military experience varies significantly at the individual level: some personnel encounter difficulties during military service which continue to affect them after discharge; others carry vulnerabilities from childhood or adolescence into the Armed Forces and later life; some find the post-discharge adjustment to civilian life very difficult; whilst for yet others homelessness is triggered much later in life by apparently unrelated crises (e.g. bereavement or bankruptcy) (Johnsen *et al.*, 2008).

Whatever the specific triggers to homelessness, previous research suggests that individuals with experience of the Armed Forces are, overall, more likely than other homeless people to have alcohol, physical and/or mental health problems, and are also more susceptible to sustained or repeat homelessness (Randall & Brown, 1994; Gunner & Knott, 1997; Ballintyne & Hanks, 2000; Dandeker *et al.*, 2005; Johnsen *et al*., 2008). Such differences are typically attributed to their self-perceived 'adaptability' to the hardships of street life, high levels of alcohol consumption and dependency, and tendency to elevate the perceived 'shame' of their situation which makes many less inclined to seek or accept help (Johnsen *et al*., 2008).

This Briefing Paper examines the characteristics and experiences of ESP affected by 'multiple exclusion homelessness' (MEH). For the purposes of the study, MEH was defined as follows:

> People have experienced MEH if they have been *'homeless'* (including experience of temporary/unsuitable accommodation as well as sleeping rough) *and* have also experienced one or more of the following other domains of 'deep social exclusion': *'institutional care'* (prison, local authority care, mental health hospitals or wards); *'substance misuse'* (drug, alcohol, solvent or gas misuse); or participation in *'street culture activities'* (begging, street drinking, 'survival' shoplifting or sex work).

The study involved a 'Census Questionnaire Survey' involving 1,286 users of 'low-threshold'[1] services over a two-week time window in seven cities (Belfast, Birmingham, Bristol, Cardiff, Leeds and Westminster (London)), followed by an 'Extended Interview Survey' with 452 respondents who had experience of MEH[2]. This paper focuses on the characteristics and experiences of participants of the Extended Interview Survey who had ever served in the Armed Forces, comparing them with other MEH interviewees.

[1] 'Low-threshold' services are those that make relatively few 'demands' of service users, such as day centres, soup runs, direct access accommodation, street outreach teams, drop-in services, etc.

[2] The analysis presented here has been weighted to take account of disproportionate sampling and non-response bias so that the survey estimates provided are as robust as possible. Bear in mind, though, that the relatively small sample size of ESP within this survey means that the margins of error on some of the 'point estimates' (percentages) provided exceed +/- 10%.

The prevalence of military experience within the MEH population

A total of 14% of the MEH population reported that they had served in the Armed Forces. It is important to note that this figure includes not only individuals who served in the British Army, Royal Navy or Royal Air Force, but also those who had served in the armed forces of other countries (including undertaking compulsory national service) before migrating to the UK. In fact, nearly one third (31%) of the ESP involved in the study had migrated to the UK as an adult (aged 16 or older). In all, 26% of MEH migrants, and 11% of MEH non-migrants, were ESP.

The notable presence of migrants who served non-UK Forces will in part explain why the proportion of the MEH population with a military history is greater than the estimate (6%) calculated in a recent study examining the prevalence of (British) ESP within the single homeless population in London (Johnsen *et al*., 2008). Another contributory factor might be the wider geographical remit of the MEH study: levels of ESP homelessness may be higher in areas targeted by Armed Forces recruiters – typically those with high levels of deprivation (The Royal British Legion, 2006) – given evidence that many service leavers return 'home' after discharge and first experience homelessness in that context (Johnsen *et al*., 2008). It should also be borne in mind that this MEH study focuses on those experiencing the most extreme forms of homelessness and deep exclusion, and, given the points made above about their particular vulnerabilities, it may be that ESP form a larger proportion of this particular population that they do of other single homeless groups[3].

As Table 1 indicates, the length of time ESP had served in the Armed Forces varied substantially, but the majority (61%) had served for between one and five years. The average age of joining the Armed Forces was 19 years (range 16 to 31); and average age of leaving 25 years (range 18 to 46).

Table 1: Length of service

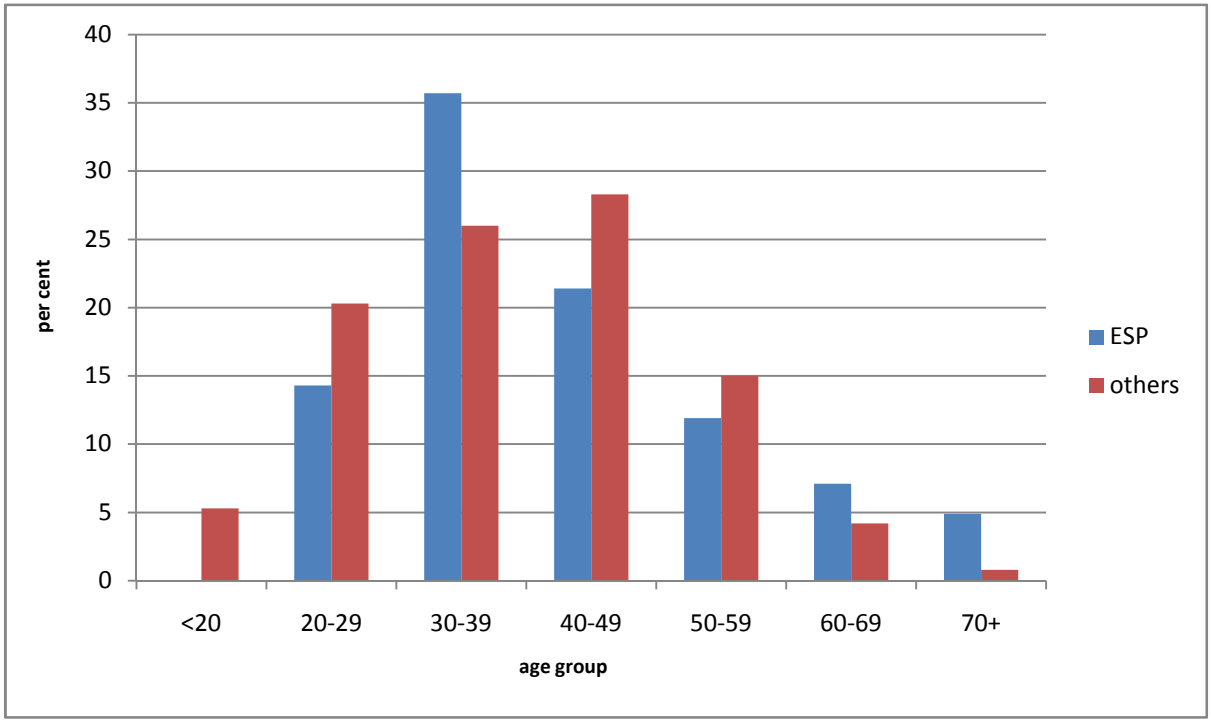
Time period	Per cent
Less than 6 months	7
More than 6 months but less than 1 year	9
More than 1 year but less than 3 years	32
More than 3 years but less than 5 years	29
More than 5 years but less than 10 years	10
More than 10 years	13
Total	100
Base	**61**

[3] Certainly this interpretation is supported by analysis of the Census Questionnaire Survey data (see above), wherein ESP respondents tended to report experiences such as rough sleeping, injecting drug use, alcohol problems and being admitted to hospital with a mental health issue at a higher rate than other users of low-threshold services. As the Census Survey covered *all* users of homeless and other low threshold services, rather than being limited to those with experience of MEH, it suggests that within broader homeless and other disadvantaged populations, ESP tend to be concentrated at the most vulnerable end of the spectrum.

The characteristics of ESP affected by MEH

All ESP experiencing MEH were male, which is consistent with previous research on ex-service homelessness (Randall & Brown, 1994; Gunner & Knott, 1997; Ballintyne & Hanks, 2000; Dandeker *et al*., 2005; Johnsen *et al.,* 2008). Their age profile was marginally younger *overall* than that of other MEH respondents, but ESP were also disproportionately represented in the 60 and older age brackets. This overall age profile represents a departure from the findings of previous research into ex-service homelessness, and is likely to be accounted for by the (typically younger) migrants who had served non-UK Forces (Figure 1).

Figure 1: Age profile of MEH population, by military experience



Base: 61 ESP, 391 others

Military experience had little bearing on current economic status, with the great majority of both ESP and other MEH interviewees unemployed at point of interview. However, ESP were much more likely than other MEH interviewees to report that they had spent most of their adult life in steady long-term jobs (54% as compared to 31%), and less likely to report that they had been unemployed for most of their adult life (10% as compared to 26%).

The overall (high) prevalence of health problems amongst ESP interviewees was broadly consistent with the rest of the MEH population, the only statistically significant difference being the greater prevalence of heart, blood pressure and/or circulation problems amongst ESP (see Table 2 overleaf).

Table 2: Health problems, by military experience

Health issue	ESP (%)	Others (%)	All (%)
Alcohol or drug related problems	38	43	43
Anxiety, depression or bad nerves, psychiatric problems	37	49	48
Heart / high blood pressure or blood circulation problems	26	14	16
Problems or disability connected with: arms, legs, hands, feet, back, or neck (incl. arthritis or rheumatism)	21	28	27
Chest / breathing problems, asthma, bronchitis	17	26	24
Stomach / liver / kidney or digestive problems	12	20	19
Difficulty in seeing (other than needing glasses to read normal size print)	10	12	12
Skin conditions / allergies	10	15	14
Difficulty in hearing	10	7	8
Epilepsy	7	5	6
Migraine or frequent headaches	7	13	12
Diabetes	5	2	2
Cancer	2	2	2
Stroke	2	1	1
Other health problems	7	2	2
Base	**61**	**391**	**452**

MEH-relevant experiences during adulthood

Table 3 (overleaf) presents the overall reported prevalence of MEH-relevant events during adulthood that were investigated amongst both ESP and other interviewees, as well as the median age of first occurrence of these experiences (where relevant). Some of the 28 experiences noted were selected as specific indicators of the 'domains of MEH' identified in the definition above (i.e. homelessness, substance misuse, institutional care, and street culture activities), whereas others are 'adverse life events' that qualitative research has indicated may trigger homelessness and related forms of exclusion. A number of indicators of 'extreme exclusion or distress' are also included.

Table 3: MEH-relevant experiences and median age of first occurrence, by military experience

	Prevalence		Median age*	
	ESP (%)	Others (%)	ESP (yrs)	Others (yrs)
Homelessness				
Stayed at a hostel, foyer, refuge, night shelter or B&B hotel	81	85	33	27
Slept rough	76	77	27	26
Stayed with friends or relatives because had no home of own	74	78	21	20
Applied to the council as homeless	69	73	33	26
Substance misuse				
Had a period in life when had six or more alcoholic drinks on a daily basis	69	62	19	21
Used hard drugs	45	44	20	19
Injected drugs	31	26	22	22
Abused solvents, gas or glue	21	23	16	15
Institutional care				
Went to prison or YOI	45	46	22	21
Admitted to hospital because of a mental health issue	19	31	34	26
Left local authority care	14	17	14	17
Street culture activities				
Involved in street drinking	55	53	21	18
Shoplifted because needed things like food, drugs, alcohol or money for somewhere to stay	24	40	18	20
Begged (that is, asked passers-by for money in the street or another public place)	24	33	27	29
Had sex or engaged in sex act in exchange for money, food, drugs or somewhere to stay	5	11	22	17
Adverse life events				
Divorced or separated from a long-term partner	55	43	29	33
Made redundant	48	19	24	28
Thrown out by parents/carers	33	36	20	17
Evicted from a rented property	24	25	27	29
Experienced bankruptcy	14	5	22	30
A long-term partner died	10	10	47	43
Home was repossessed	7	6	30	35
Extreme distress/exclusion				
Had a period in life when very anxious or depressed	79	80	27	21
Were a victim of violent crime (including domestic violence)	29	45	18	21
Attempted suicide	29	39	-	-
Charged with a violent criminal offence	29	26	-	-
Engaged in deliberate self-harm	19	32	-	-
Victim of sexual assault as an adult	10	15	-	-
Base	**61**	**391**	**-**	**-**

* Age-related data not available for some questions asked in the survey self-completion section.

As Table 3 indicates, the prevalence of experiences of all forms of homelessness (rough sleeping, sofa-surfing, hostels or other temporary accommodation, and having applied to the council as homeless) were very similar amongst those with and without a military history, as were levels of (self-reported) substance misuse problems related to drug, alcohol and/or solvent abuse. The

proportion of ESP with experience of institutional care, notably prison, was also similar to that of other MEH interviewees, albeit that ESP were less likely to have been admitted to hospital with a mental health issue.

The greatest departures in experiences between ESP and other members of the MEH population lay not so much in the 'domains of MEH' defined above (i.e. homelessness, substance misuse, institutional care, and involvement in street culture activities), but rather in terms of other 'adverse life events' and indicators of 'extreme distress or exclusion'. In particular, as compared with other people experiencing MEH, ESP were much more likely to have experienced redundancy, but less likely to have deliberately self-harmed, attempted suicide or been a victim of violent crime. Note, however, that these latter findings will be accounted for in part by the disproportionate number of migrants amongst ESP service users, given that migrants reported comparatively less 'complex' MEH experiences overall than did non-migrants (see Briefing Paper 2 in this series).

Table 3 also portrays the average (median) age at which each of these events was reported to have first occurred to relevant individuals. Differences in these median ages between ESP and other MEH interviewees were negligible with respect to most experiences, though the former were slightly older on average when they began utilising hostels or other temporary accommodation (33 as compared with 27 years for other MEH interviewees) or first applied to the council as homeless (33 as compared with 26) (Table 3). This pattern fits with the points made earlier about ESP being somewhat more reluctant to seek help than other homeless people. Admission to hospital with a mental health issue, and the onset of anxiety or depression, were also reported as occurring somewhat later by relevant ESP than other MEH interviewees, though again these findings will be explained at least in part by the disproportionate number of migrants amongst ESP service users.

A more rigorous analysis of the actual sequential order of experiences reported by the MEH population as a whole revealed a remarkably consistent pattern whereby first experience of substance misuse and mental health problems tended to precede that of homelessness, other adverse life events and engagement in street culture activities (see Briefing Paper 1 in this series). This was equally the case for ESP and other MEH interviewees. Leaving the Armed Forces tended also to occur early in these individual MEH sequences, which will in part reflect the relatively young age at which most ESP in the MEH population were discharged (see above). But it does seem that, while substance misuse problems in particular may precede, or coincide with, time spent serving the Armed Forces, other MEH experiences tend to occur only after military experience.

Childhood experiences of disadvantage and trauma

In common with other members of the MEH population, many ESP reported troubled childhoods associated with school problems and/or family problems, with some also reporting experiences of abuse, poverty or homelessness (Table 4 overleaf). While ESP tended to report such problems at a somewhat lower rate than other members of the MEH population – in part because many are migrants, who in general reported lower levels of childhood trauma than other MEH interviewees (see Briefing Paper 2) – the only difference to reach statistical significance was the lesser likelihood of ESP having 'truanted from school a lot'. In total, more than two-thirds (69%) of ESP reported at

least one of the difficulties in childhood specified in Table 4 (as compared with 82% of other MEH interviewees).

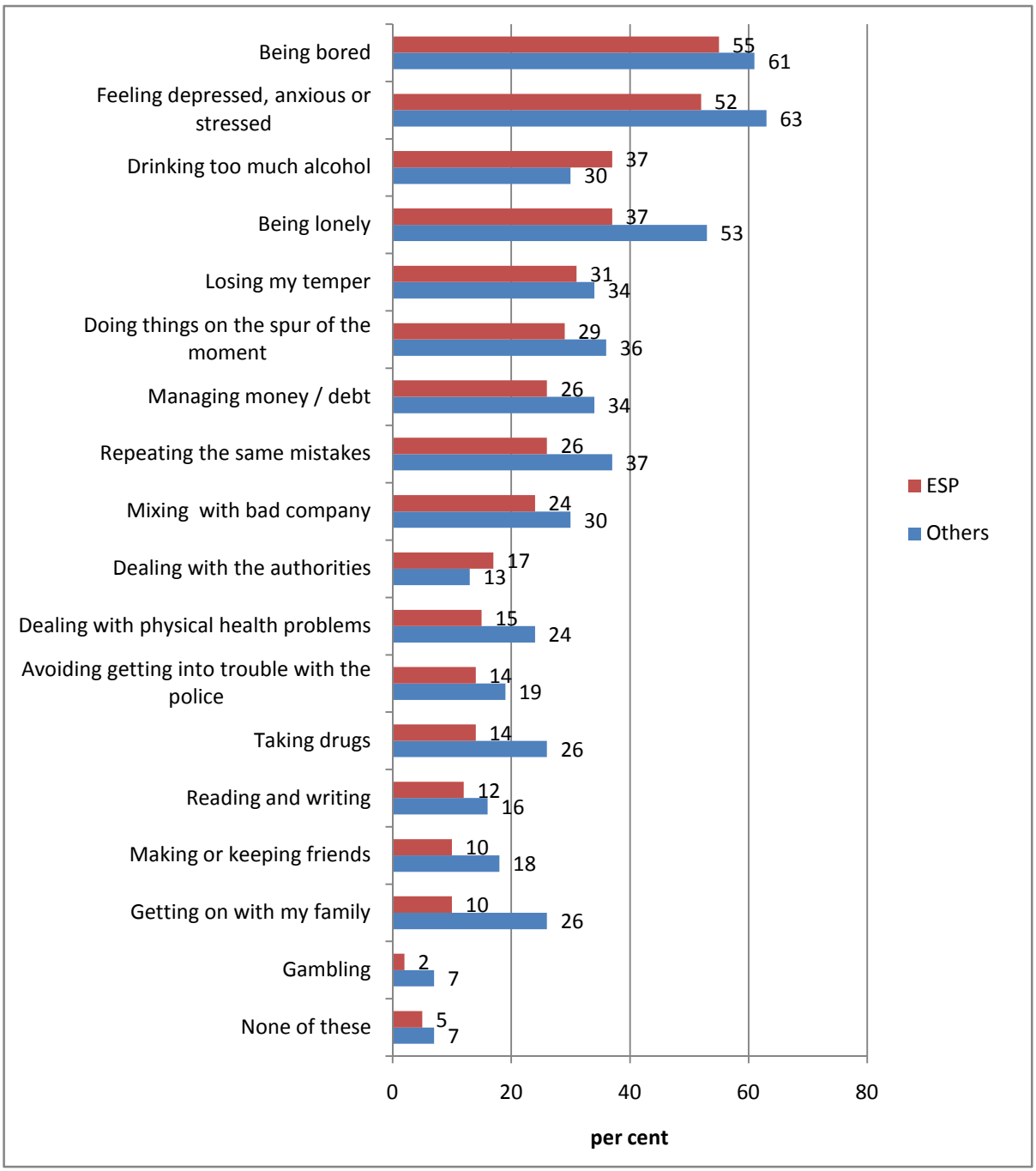
Table 4: Experiences in childhood (under 16 years old), by military experience

Experience	ESP (%)	Others (%)	All (%)
Truanted from school a lot	36	52	50
Suspended, excluded or expelled from school at least once	31	37	36
Brought up in a workless household	30	12	21
Ran away from home and stayed away for at least one night	26	35	34
Didn't get along with parent(s)/step-parent/carer(s)	26	29	29
Violence between parents/carers	17	28	27
Parent(s)/step-parent/carer(s) had a drug or alcohol problem	17	25	24
Sexually abused	13	25	23
Badly bullied by other children	17	23	22
Physically abused at home	14	23	22
Spent time in local authority care	14	17	16
Family was homeless	12	14	16
Parent(s)/step-parent/carer(s) had a mental health problem	12	16	15
Neglected	10	16	15
There was sometimes not enough to eat at home	10	15	15
Base	**61**	**391**	**452**

Current problems and support needs

Figure 2 (overleaf) portrays the problems self-reported by ESP and other MEH survey respondents at the point of interview. More than half of ESP reported feeling bored (55%), or feeling depressed, anxious or stressed (52%), and more than one third that they drank too much alcohol (37%), or were lonely (37%). Other problems commonly identified by ESP included losing their temper (31%), doing things on the spur of the moment (29%), difficulties managing money/debt (26%), repeating the same mistakes (26%) and mixing with bad company (24%). While there was a general pattern whereby the propensity of ESP to identify most problems was slightly less than that for the general MEH population, the only differences to reach statistical significance were their lesser likelihood to report loneliness and/or that they had difficulty getting on with their family.

Figure 2: Current problems, by military experience



Base: 61 ESP, 391 others. More than one response possible.

Conclusion

At 14%, the proportion of the MEH population with experience of the Armed Forces is higher than the prevalence estimates provided in previous homelessness studies. This is in part a consequence of the inclusion of migrants who had served non-UK military forces in the MEH survey (whereas other studies have been limited to those serving UK Forces only), and in addition may reflect the broader geographical scope of the MEH study (previous ESP homelessness studies have tended to focus on London). It also seems to be the case that ESP form a larger proportion of this MEH population facing extreme forms of homelessness and deep exclusion than they do of wider single homeless groups. Certainly, at 11%, the presence of ESP amongst indigenous MEH service users far outstrips their representation in the general UK population. In common with other members of the MEH population, ESP report high levels of childhood trauma and extreme forms of disadvantage in adulthood, which pose a continuing challenge for the mainstream and specialist support services which seek to meet the needs of this highly vulnerable group.

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About the Study

This study, entitled *'Multiple Exclusion Homelessness Across the UK: A Quantitative Survey'*, was funded by Economic and Social Research Council (ESRC) grant number RES-188-25-0023-A. It was one of four projects supported by the Multiple Exclusion Homelessness Research Programme. The programme, a partnership between the ESRC, Joseph Rowntree Foundation, Homeless Link, the Department for Communities and Local Government and the Tenant Services Authority, was established in 2008 and managed by the ESRC. DCLG funding was approved by the previous Government.

The study was conducted by Professor Suzanne Fitzpatrick and Dr Sarah Johnsen at the Institute for Housing, Urban and Real Estate Research (IHURER), Heriot-Watt University, with input also from Professor Glen Bramley (Heriot-Watt University), Professor Michael White (Nottingham Trent University), and Nicholas Pleace (University of York). Dr Caroline Brown (Heriot-Watt) helped to prepare a series of Briefing Papers on the study for publication. The study fieldwork was conducted in 2010 in collaboration with TNS-BMRB and a wide range of voluntary sector partners, including seven 'local co-ordinators' and 39 low-threshold services which participated in the research. We were also supported throughout this study by our Project Advisory Group and by the MEH Programme Coordinator, Theresa McDonagh.

All views and any errors contained in this Briefing Paper are the responsibility of the authors alone.

More information on the study and further Briefing Papers can be found at: http://www.sbe.hw.ac.uk/research/ihurer/homelessness-social-exclusion/**multiple-exclusion-homelessness**.htm or http://tinyurl.com/8xuh74q

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2012